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BIBDATASHEET

CONFIRMATION NO. 4711

Bib Data Sheet

SERIAL NUMBER 09/778,486	FILING OR 371(c) DATE 02/07/2001 RULE	CLASS 345	GROUP ART UNIT 2673	ATTORNEY DOCKET NO. 10259US01
APPLICANTS Christopher J. Edge, Saint Paul, MN; Timothy A. Fischer, Mendota Heights, MN;				
** CONTINUING DATA ***** This appln claims benefit of 60/193,725 03/31/2000 and claims benefit of 60/246,890 11/08/2000 * (*)Data provided by applicant is not consistent with PTO records.				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/12/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY MN	SHEETS DRAWING 10	TOTAL CLAIMS 40
INDEPENDENT CLAIMS 3				
ADDRESS Steven J. Shumaker Shumaker & Sieffert, P.A. 8425 Seasons Parkway Suite 105 St. Paul ,MN 55125				
TITLE Color image display accuracy using green-limited gamma estimate				
FILING FEE RECEIVED 1124	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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AND CLAIMS BENEFIT OF 60/246,890 11/08/2000 *
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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u>LS</u>				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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Imation Corp.
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TITLE

Color image display accuracy using green-limited gamma estimate

FILING FEE RECEIVED 1070	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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